Eataly: a Cross-Cultural Examination of the Likelihood and Development of Eating Disorders in America and Italy

Aine M. McGinn

TC 660H
Plan II Honors Program
The University of Texas at Austin

May 13, 2020

Wendy I. Domjan, Ph.D.
Department of Psychology
Professor of Instruction

Antonella Del Fattore-Olson
Department of French and Italian
Distinguished Senior Lecturer, Italian Studies

ABSTRACT

Author: Aine M. McGinn

Title: Eataly: a Cross-Cultural Examination of the Likelihood and Development of Eating Disorders in America and Italy

Supervising Professor: Wendy I. Domjan, Ph.D.

This cross-cultural comparison is a broad examination of eating disorder development in two distinct countries: the United States and Italy. It examines how cultural attitudes towards food and body image affect the likelihood and development of eating disorders in America and Italy. It determines whether there are significant differences in this context between the two countries and cultures. It elaborates on cultural attitude towards food and body image and whether they have any effect on the likelihood and development of eating disorders in general.

Acknowledgments

I would like to thank my family, friends, teammates, and coaches for supporting me and listening to me ramble on about my thesis at various times during the past year. I would also like to thank my primary advisor, Dr. Domjan, and my second reader, Antonella Del Fattore-Olson for being so helpful and supportive of this project. I also definitely need to thank the University of Texas librarians, because this thesis would probably not exist without their "Chat with Us" feature which helped me find so many of my sources.

Table of Contents

Introduction

Eating disorders are known as the deadliest type of mental illness, yet we probably do not know as much about them--how they develop, what causal factors affect their development the most, how they can be treated successfully, etc.--as we should ("Eating Disorder," 2020). One of the most well known causes of eating disorders is that they can be triggered by exposure to the modern beauty ideals that the mass media pushes onto us; this is partially so effective because media is ubiquitous in modern, Western, industrialized lives (DeBraganza & Hausenblas, 2010). I have chosen to examine what else can influence the development of eating disorders or disordered eating behaviors. I have considered what socio-cultural factors are the most prominent that could influence these things. I wanted to know whether it is any different in a country that is known for its love of food and communal eating. What I found was that these cultural attitudes and rituals can actually serve as protective barriers against developing an eating disorder. I have compiled a broad examination of eating disorder and development in two distinct countries--the United States and Italy; in order to understand this cross-cultural comparison, I have assessed the key definitions and provided a brief background on the causes of eating disorders, examined American cultural attitudes and media influences that might affect eating disorder development, and examined Italian cultural attitudes and media influences that might affect eating disorder development.

Italy is known for its cultural appreciation of food and the ritual of breaking bread with your loved ones. These cultural attitudes, among others, are different than those of the United States. I have examined how these attitudes towards food and body image affect the likelihood and development of eating disorders in America and Italy. I have examined whether or not these

cultural attitudes towards food and body image have any effect on the likelihood and development of eating disorders in the two countries and cultures. I have examined what would make certain (or a certain) eating disorder(s) more likely to develop given different cultural attitudes and understandings of food, body image, and eating disorders themselves.

There is some research that suggests that bulimia nervosa is a culture-bound eating disorder, while anorexia nervosa is not a culture-bound eating disorder (Keel & Klump, 2003). For this reason, throughout my thesis I have examined research on bulimia nervosa, but I have also included research on anorexia nervosa, binge-eating disorder, and purging disorder. I have also included a brief overview of the prevalence and development of eating disorders throughout history. This helps give more context as to what sociocultural factors play a role in the motivations behind certain disordered eating behaviors.

When examining the presence and development of eating disorders in the United States, it is important to consider not only the majority population of Caucausian people, but also how minority ethnic groups might be affected in the same country. For this reason, I have included research on eating disorder, body dissatisfaction levels, and more within the African American community and the Latino/a community in the United States and how it compares to the experiences of the Caucasian majority population.

In order to understand how different cultural groups within Italy are affected, I have included research on the prevalence of eating disorders, disordered eating, and body dissatisfaction levels both in Northern Italy and in Southern Italy. These two areas of Italy function as two different cultural groups for a variety of reasons. The divide between Northern Italy and Southern Italy is a historical one. Northern Italy has developed the reputation of being

more quick to industrialize, globalize, and modernize. Southern Italy has developed the reputation of being "stuck in their ways," more traditional, more conservative, and more reluctant to industrialize, globalize, or modernize in the same ways that Northern Italy has done. This presents two different cultures: one that is significantly more Westernized (that of Northern Italy) and one that is significantly more collectivistic and traditional (that of Southern Italy). By examining these two distinct cultural groups we can observe how different cultural factors might influence the development of eating disorders in different ways.

Chapter One: Key Definitions, Brief Background on Causes of Eating Disorders

1.1 Diagnostic Criteria for Relevant Disorders/Syndromes

First, I want to include the diagnostic criteria prescribed by the Diagnostic and Statistical Manual of Mental Disorders because it will be the foundation of how we understand the relevant eating disorders (American Psychological Association, 2013). An eating disorder can be generally defined as a condition related to persistent behaviors regarding food intake and food restriction. Eating disorders can negatively impact your physical health, your mental well-being, and your ability to function normally. Focusing on weight, food, and body image can lead to behaviors that negatively affect the body's ability to get adequate nutrition. Without this adequate nutrition, the body can then develop problems with the heart, bones, digestive system, and teeth. With appropriate attention and treatment, individuals with eating disorders can return to normal eating habits and hopefully reverse some of the dangerous complications resulting from the condition (Mayo Clinic Staff, n.d.).

Diagnostic Criteria of Anorexia Nervosa:

- Restriction of energy intake relative to requirements, leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health. Significantly low weight is defined as a weight is less than minimally normal or, for children or adolescents, less than minimally expected.

- Intense fear of gaining weight or becoming fat, or persistent behavior that interferes with weight gain, even though at a significantly low weight.
- Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight, or shape on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight (American Psychological Association, 2013).

According to the Mayo Clinic, anorexia nervosa is "an eating disorder characterized by an abnormally low body weight, an intense fear of gaining weight, and a distorted perception of weight." In order to control their weight gain, people with anorexia nervosa will usually restrict the amount of food they consume (Mayo Clinic Staff, n.d.).

Diagnostic Criteria of Bulimia Nervosa:

- Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
    - Eating, in a discrete period of time (e.g. within any 2-hour period), an amount of food that is definitely larger than what most individuals would eat in a similar period of time under similar circumstances.
    - A sense of lack of control over eating during the episode (e.g. a feeling that one cannot stop eating or control what or how much one is eating).
- Recurrent inappropriate compensatory behaviors in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, or other medications; fasting; or excessive exercise.

- The binge eating and inappropriate compensatory behaviors both occur, on average, at least once a week for 3 months.
- Self-evaluation is unduly influenced by body shape and weight.
- The disturbance does not occur exclusively during episodes of anorexia nervosa (American Psychological Association, 2013).

According to the Mayo Clinic, bulimia nervosa is "a potentially life-threatening eating disorder." People with bulimia nervosa can covertly binge eat, where they will consume abnormally large amounts of food, and then purge to avoid gaining weight from the large quantity and caloric value of the food consumed (Mayo Clinic Staff, n.d.).

Diagnostic Criteria of Binge Eating Disorder:

- Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
    - Eating, in a discrete period of time (e.g. within any 2-hour period), an amount of food that is definitely larger than what most people would eat in a similar period of time under similar circumstances.
    - A sense of lack of control over eating during the episode (e.g. a feeling that one cannot stop eating or control how much one is eating).
- The binge eating episodes are associated with three (or more) of the following:
    - Eating much more rapidly than normal.
    - Eating until feeling uncomfortably full.

    - Eating large amounts of food when not feeling physically hungry.
    - Eating alone because of feeling embarrassed by how much one is eating.
    - Feeling disgusted with oneself, depressed, or very guilty afterward.
- Marked distress regarding binge eating is present.
- The binge eating occurs, on average, at least once a week for 3 months.
- The binge eating is not associated with the recurrent use of inappropriate compensatory behavior as in bulimia nervosa and does not occur exclusively during the course of bulimia nervosa or anorexia nervosa (American Psychological Association, 2013).

According to the Mayo Clinic, binge-eating disorder is "a serious eating disorder in which you frequently consume large amounts of food and feel unable to stop eating." While everyone can fall into an overeating episode from time to time, if it becomes a regular occurrence then a binge-eating disorder diagnosis might be called for. It involves compulsatory behavior when consuming large amounts of food (Mayo Clinic Staff, n.d.).

1.2 Key Definitions

Disordered eating

Disordered eating is a category of eating behaviors that are abnormal but do not necessarily call for an eating disorder diagnosis. For an eating disorder diagnosis, symptoms must fall within certain criteria prescribed by the Diagnostic Statistical Manual. According to the Academy of Nutrition and Dietetics, disordered eating behaviors might include:

- Frequent dieting, anxiety associated with specific foods or meal skipping.

- Chronic weight fluctuations.
- Rigid rituals and routines surrounding food and exercise.
- Feelings of guilt and shame associated with eating.
- Preoccupation with food, weight, and body image that negatively impacts quality of life.
- A feeling of loss of control around food, including compulsive eating habits.
- Using exercise, food restriction, fasting, or purging to compensate for bad foods previously consumed (Anderson, 2018).

Justine J. Reel defines disordered eating as "destructive, unhealthy weight control patterns that may lead to a diagnosable clinical eating disorder if left untreated" (Reel, 2018). Some of the behaviors that are typical of disordered eating include, but are not limited to: "restricting overall food intake or certain types of foods (e.g. foods with high fat or caloric intake), occasional purging (e.g. vomiting, laxatives), frequent weighing, secretive eating, or excessive exercise to lose weight or to compensate for a meal" (Reel, 2018).

Emotional Eating

Another form of disordered eating is emotional eating; which happens when someone eats in response to positive or negative emotions. Those who are emotional eaters will consume greater quantities of food--often this will contain "trigger" foods that are higher in fat, sugar, salt, etc.--when they feel unwanted or negative emotions such as fear, anxiety, depression and stress. If one regularly engages in emotional eating, it can lead to him or her becoming overweight. This weight gain may then add fuel to the fire, increasing the level of dissatisfaction with one's own body, causing him or her to emotionally eat even more.

Conversely, some people respond to negative emotions by restricting their eating by "dieting." One study of Finnish college students reported that emotional dieters generally had more body dissatisfaction, a greater want for a thin ideal, and more maturity fears then people who were not emotional dieters. These findings increase the chance of the emotional eaters developing an eating disorder (Reel, 2018).

Emotional eaters tend to go back and forth between periods of overeating and restriction. This supports the notion that those diagnosed with bulimia nervosa or binge-eating disorder often report problems with emotional eating and not being able to stop or recognize when they are full (Reel, 2018).

Sociocultural factor(s)

According to Merriam-Webster, the term sociocultural refers to something relating to social and cultural factors (Merriam-Webster Dictionary, n.d.). For the purpose of this thesis, we will understand sociocultural factors as any risk factor that might be related to social and/or cultural elements.

1.3 Finding eating disorder causes

Eating disorders develop from a myriad of different influences--psychological, genetic, sociocultural, biological, etc.. It can be hard to decipher why people develop eating disorders because not all eating disorders develop in the same way or due to the same causes. Some

research suggests that finding the maintaining factors for eating disorders might be more helpful in terms of understanding eating disorders rather than finding the specific causes.

Psychological Factors

Empirical research can uncover psychological factors that are associated with eating disorders. It is not surprising to see that a patient with an eating disorder is often concurrently diagnosed with some type of obsessive-compulsive disorder or anxiety disorder (Reel, 2018). These behaviors present themselves as "perfectionist" tendencies in some individuals. Another psychological factor associated with the development of eating disorders is a characteristic set of interpersonal experiences; specifically, those that involve teasing, shaming, abuse regarding one's size, weight, or physical appearance (Reel, 2018).

There is a connection between eating disorders and regulation of emotions. Patients with eating disorders can be classified as those who are aware of when they are experiencing a negative emotion but are unable to control the emotion, become overwhelmed by the experience, and employ eating disorder behaviors as a way to cope with the negative emotional experience (Reel, 2018).

Another psychological factor that may contribute to eating disorder causes is body dissatisfaction. Some research suggests that dissatisfaction with one's own appearance is linked to trouble with one's own self or identity. When someone has a problem with his or her identity, eating disorder behaviors can be a way that he or she seeks to solve that problem (Reel, 2018).

Sociocultural Factors

One sociocultural factor that has been linked to eating disorders is living in a country where there is an abundance of food (Reel, 2018). In these countries or cultures, there is a beauty ideal for females involving thinness. In cultures where food is limited, there is a beauty ideal for females involving a larger, fuller physique. For females, one of the most common beauty ideals is the thin ideal. There has been discussion that there is a muscular ideal for males.

Another sociocultural factor that might affect the prevalence of an eating disorder is the influence of social media (Reel, 2018). Generally, the media exposes images of unrealistic body types, often those that are the "ideals" of the particular culture. These images can be the result of editing, making the body types displayed unattainable; or if they are not edited, they are the product of extraordinary measures or unhealthy methods used to achieve these body types (Reel, 2018). Bridget Malcolm, a former Victoria's Secret model, detailed her previous unhealthy habits used to attain her "picture perfect" figure in a public apology. According to Malcolm, these behaviors include restricting eating to only low-calorie foods while maintaining an extremely active training regimen. Malcolm would train for 2-3 hours every day while only eating vegetables and protein shakes. Malcolm reflected on how she could always look in the mirror and find excess weight that she wanted to come off, even at her smallest (Malcolm, 2018).

One's peers can also heavily influence the increase in eating disorder habits or activities. One can learn or improve the mechanisms from his or her peers (Reel, 2018). Oliver and Thelen used the Inventory of Peer Influence on Eating Concerns to understand the influence of peers regarding disordered eating behaviors. The first domain they identified was peer feedback through weight-related teasing, which has been identified as a form of victimization. Weight-related teasing has been seen as a strong predictive factor for disordered eating behavior,

particularly in early adolescence. The second domain includes peer interaction, when peers discuss concerns about body image and eating behaviors. The third domain includes likeability pressure, which occurs when individuals feel that they will be more well-liked if they are thinner. Likeability pressure has also been seen as a strong predictive factor for disordered eating behavior (Al-sheyab, Gharaibeh, & Kheirallah, 2018).

It is important to note that although many people may be exposed to these various sociocultural factors, only a small percentage of people exposed actually develop eating disorders. This points to the conclusion that if these sociocultural factors were actually causative in nature, there would be many more people with eating disorders (Reel, 2018). So, while we cannot claim that these factors directly *cause* eating disorders to develop, they may still *influence* eating disorder development (Reel, 2018).

Familial Factors

In the past, families have been accused of being causal agents for eating disorders. Family members can encourage eating disorder behaviors by commenting on physical appearance, expressing envy of one's slimness, or encourage members to lose weight. However, people can develop eating disorders even when they are not a part of a dysfunctional family unit. For this reason, it is incorrect to consider familial factors causal agents of eating disorders (Reel, 2018).

Genetic Factors

Recent studies have shown that people who come from a family with biological relatives with eating disorders are much more likely to develop an eating disorder than anyone in the

common population. This reinforces the notion that genetics may be a causal agent in the development of eating disorders. Twin studies offer the opportunity to understand whether there might be an actual genetic transmission related to eating disorders or whether development is influenced more by environmental effects. For this reason, studies have been done with monozygotic (identical) and dizygotic (fraternal) twins. These studies revealed that monozygotic twins were more likely to have both twins develop an eating disorder than sets of dizygotic twins. This also supports the notion that genetics may play a significant role in the development of eating disorders (Reel, 2018).

1.4 How can socio-cultural factors play a role in eating disorder development?

As the prominence and prevalence rates of eating disorders rise, there is an increasing push towards learning more about why and how they develop. If we can figure out why and how eating disorders develop, we may be able to prevent them from manifesting. One of the ways we can study how they develop is through a risk factor study, determining what factors pose risks in terms of developing disordered eating.

Throughout the past century, Western influences have spread throughout the world and have affected cultures in a way that was not possible before modern technology and transportation. As seen in Keel and Klump's 2003 research, eating disorders are becoming more prevalent in diverse areas of the world.

One variance in determining the extent of sociocultural factors on the prevalence of eating disorders in a particular culture is examining how minority cultures are affected in

different ways. While a minority group (ethnicity-wise or culture-wise) may promote different societal ideals, norms, or policies, those within the minority group are also likely to be exposed to the societal ideas, norms, or policies of the majority group. Thus, those in the minority group experience conflicting norms. This tension between the norms of the majority group and those of the minority group can lead to emotional conflict. Those dealing with this conflict might then resort to unhealthy coping mechanisms such as disordered eating (Sassaroli et al., 2015).

Early studies of Western idealized sociocultural factors included the unrealistic thinness ideal and societal norms relating to femininity that highly regarded physical appearance as a barometer of self-worth and success. The range of sociocultural risk factors has since expanded to include other ideas such as "culturally mediated processes, such as urbanization, transnational migration, social environments (e.g. sororities and sports teams), that might amplify certain harmful norms or values, and institutions or industries (media and agricultural or food conglomerates) responsible for the amplification or dissemination of risk factors" (Weissman, 2018). This broader definition could help explain the previously discussed dynamic of emotional tensions resulting from the processes of modernization and Westernization.

Body Image

In most cultures, youthfulness represents a certain beauty ideal which people strive to maintain. Conversely, aging is something that is actively avoided using various methods such as exercise, limiting intake of certain foods, cosmetic surgery, and using products advertised by the media. Studies have analyzed media trends and show that in magazines, models generally do not reflect the general age of the readers. Frequently, the models were younger and thinner than the

target audience of the corresponding magazines. The misrepresentation of female bodies--particularly the overrepresentation of young, thin models and the underrepresentation of older, fuller models--leads to body image dissatisfaction among the readership.

Many studies have confirmed the notion that the media influences body dissatisfaction in those consuming it. One study reported that females who read a magazine or watched a commercial were more likely to have a negative body image after doing so (Legenbauer et. al, 2008). Another study reported that attempting to look like same-sex models was more of a risk factor for females than for males (Van den Berg et. al, 2007). However, the media promotes hyperfeminine or hypermasculine ideals that are unattainable and unrealistic for a significant portion of the population. Not achieving these ideals present in the media can lead to an increase in body dissatisfaction in both men and women.

The internet provides everyone with access to an abundance of information. However, even though this information is readily available, it is not always reliable or fact-checked before people access it. One of the dangers of the internet in terms of eating disorders is the unreliability of the readily available information. People who look up eating disorder-related terms on the internet could be exposed to information that might do more harm than good. For example, one study showed that around 30% of the results produced from a YouTube search of "anorexia" lead to pro-anorexia information (Syed-Abdul et. al, 2013). A review of 79 articles assessing the quality of general health information available on the internet concluded that about 70% of the studies determined that the health information found on the internet was poor-quality (Reel, 2018). This could be particularly dangerous in countries that do not provide adequate

information about eating disorders through school curriculums or other government agencies/programs, but that are still developed enough to have fairly accessible internet.

1.5 Keel & Klump: Are eating disorders culture-bound?

Keel and Klump (2003) conducted research in response to the concurrent trend of downplaying the role that culture plays in the development of eating disorders in order to focus on how eating disorders might be influenced by genes. Keel and Klump largely relied on historical case studies to track the prevalence rates of the disorders over time, to see how they developed over time, and to analyze the role to which sociocultural factors played a role in the development or manifestation of the disorders. One notable finding from this research review composed by Keel and Klump (2003) suggests that anorexia nervosa is not a culture-bound syndrome, while bulimia nervosa is a culture-bound syndrome.

Anorexia nervosa

Epidemiological studies of anorexia nervosa tend to use incidence rates (how many new cases are identified per 100,000 people of the population each year) while epidemiological studies of bulimia nervosa tend to use prevalence rates (how many people identify as currently having the disorder or have ever had the disorder in their life).

This research (Keel & Klump, 2003) concludes that epidemiological studies of anorexia nervosa in non-Western countries supports the theory that anorexia nervosa is not limited to Western cultures and that prevalence rates in non-Western cultures are fairly similar to those in Western cultures. One of the reasons why the researchers concluded that anorexia nervosa is not

specifically contingent on the idea of meeting the modern Western thin ideal is the presence of historical cases of anorexia nervosa that occured during a time when this thin ideal was not a beauty ideal at all. There is also evidence of anorexia nervosa cases in the Middle East, East Asia, and the Indian subcontinent, which are areas of the world that are not as heavily influenced by Western beauty ideals (Keel & Klump, 2003).

Bulimia nervosa

Research (Turnbull et. al, 1996) shows that reports of bulimia nervosa significantly increased over time, while reports of anorexia nervosa did not. However there is no incident report data available from before 1970. Some argue that bulimia nervosa did not exist as a syndrome until the latter half of the 20th century, while others argue that it might have existed prior to the formal recognition of the disorder but was somewhat concealed by other psychiatric explanations for behaviors.

Historical cases of anorexia nervosa include accounts of young women practicing self-starvation, all of which parallels with the current typical affected demographic. However, the historical cases that most closely resemble bulimia nervosa look much more like binging and purging disorder than how we currently define bulimia nervosa. Also, there are more accounts of this binging and purging activity happening with men than women, which is also somewhat of a deviant from the modern day affected population (Keel & Klump, 2003).

Rosenvinge and Vandereycken reviewed a case from 1892 where a 12-year-old girl refused to eat during the day but maintained a normal weight. Her mother discovered her devouring large amounts of food during the night. This case was labeled as “hysteria.” They

studied another case where a young girl would fast for 18 days at a time and then binge-eat at the end of the fasting period. Historical cases like these suggest that there were cases of binge-eating but not always with inappropriate compensatory behavior, such as self-induced vomiting (Rosenvinge & Vandereycken, 1994).

B. Parry-Jones did research on Samuel Johnson. This was a case from 1784 in which Samuel Johnson engaged in binge-eating episodes which led to him being significantly overweight. Johnson then relied on purging and the use of senna as a means of purging (Parry-Jones, 1992).

Crichton discussed whether or not cases such as Claudius (41-54 AD) and Vitellius (circa 69 AD) experienced bulimia nervosa. There are reports that they both had episodes of exorbitant food intake followed by self-induced vomiting. The compensatory behavior supposedly allowed them to continue with their gluttonous and excessive behaviors. This idea of binging and purging may have been a common routine among the upper echelons of society in Ancient Rome (Crichton, 1996).

One of the most cited historical cases of anorexia is that of St. Catherine of Siena. This case is one of the most studied because St. Catherine of Siena kept meticulous diaries, which chronicled her inner thoughts and allowed us to understand her motivations at a deeper level than many other cases.

Catherine was exposed to the fasting routine of her older sister, who was known to fast when she wanted to alter her husband's foul mood. When her older sister died, Catherine protested her parent's proposition that she should marry the widower with a huge fast. She began her intermittent periods of self-starvation when she was sixteen years old (Keel & Klump, 2003).

After claiming to have had a vision of St. Dominic, Catherine joined the Dominican order. She also claimed that Jesus had visited her and brought a wedding band as a symbol of their unity; in this way she was married to Christ for eternity (Forcen, n.d.). St. Catherine of Siena died around the age of thirty three in 1380, due to the consequences of her self-starvation practices (Keel & Klump, 2003).

Self-starvation was a familiar behavior among religious women in the middle ages, but it was rarely explicitly condoned by a religious entity. These religious women interpreted self-starvation as a way to imitate Christ; through this suffering they paid tribute to Christ, who had suffered on the cross for their sins. Devout men typically experienced this suffering in the form of physical punishment (e.g. hair shirts, self-flagellation, etc.), while devout women turned to self-starvation. This practice was theoretically condoned by the Catholic Church when St. Catherine of Siena received the stigmata. The stigmata, the physical wounds of Christ, are given only to the holiest of Christ's followers; so when St. Catherine of Siena received them, it was a mark of true holiness (Forcen, n.d.). By condoning the actions of St. Catherine of Siena, the Catholic Church condoned her fasting and self-starvation practices. This could have contributed to an increase in "holy anorexia," or point to a kind of sociocultural factor that made these practices permissible.

One of the most important findings in Keel and Klump's cross-cultural examination of bulimia nervosa is that weight concerns were present in all cases studied. While they found evidence of anorexia nervosa in five non-Western regions, they found evidence of bulimia nervosa in only three non-Western regions. Keel and Klump concluded that the amount of Western influence might significantly affect the prevalence rates of bulimia nervosa, due to the

presence of anorexia nervosa in non-Western regions, while bulimia was more absent in the non-Western regions.

Restrictions of research

One of the restrictions of the findings is the strict definitions of anorexia nervosa and bulimia nervosa used. Using the definitions provided in the DSM-IV, there is a more narrow context for what we can consider to be anorexia nervosa and/or bulimia nervosa. If the authors had used more broad definitions, which included all syndromes associated with binge eating, the findings of the research review would have looked different.

The authors recognize that there are some shortcomings of the research review. There was more research on historical case studies of anorexia nervosa than bulimia nervosa. This may result from a longer preexisting recognition of anorexia nervosa, as compared to bulimia nervosa, either because the disorder may have existed for longer or because bulimia nervosa was able to go undetected for longer. With anorexia nervosa, there is often a more emaciated physical state that is noticeable; whereas with bulimia nervosa there is often not a physical sign that someone is suffering from the disorder. As long as the person is good at hiding his or her excessive food intake and compensatory behavior, they can go virtually undetected. However, there are more explanations as to why bulimia nervosa might not have been as frequently present prior to the latter half of the twentieth century. One reason is that the disorder requires access to a large amount of food, something that was not as readily available to many people in the past. The disorder may have been limited because of this factor to the affluent, for example, the Roman emperors or upper-class Victorian households. In contrast, anorexia nervosa was possible

for virtually anyone at any time considering the parameters of food restriction. Another restriction prior to the latter half of the twentieth century would be the facility of hiding purging activities. The invention of modern plumbing allowed vomiting to be an easier activity to hide and could have facilitated the emergence of the disorder (Keel & Klump, 2003).

Chapter Two: Eating Disorders in America

Now that we have established a general understanding of eating disorders and how they have appeared in a historical context, we will discuss American cultural context regarding the development of eating disorders. In order to understand the American cultural context, we will examine American food culture, media influence in the United States, and prevalence rates among the majority population and different minority groups as well.

2.1 American culture

The relation between eating disorders and components of perfectionism

In order to bolster previous studies (Lilenfeld et al., 2000) and claims that there is a link between perfectionist tendencies and the development of eating disorders, researchers conducted this longitudinal twin study. The main goal of this study was to examine the link between perfectionism and psychopathology, including the development of eating disorders (Bulik et al., 2003).

The participants of this study were female twins born between 1934 and 1974; the names of the eligible participants were pulled from the population-based Virginia Twin Registry. The participants were interviewed four different times between 1988 and 1997. In 1997, all of the female twins that participated in the interviews received questionnaires in the mail. A sample of male twins and opposite-sex twins were also sent the same questionnaire. Of the 3,050 female twins, 1,510 (equivalent to 49.5% of the sample) returned valid questionnaires. Overall, data was collected from 1,010 participants from the female twins pairs who returned answers to the questionnaire and had prior data available from the previous interviews (Bulik et al., 2003).

The questionnaire 12 items from the Multidimensional Perfectionism Scale. Originally, the Multidimensional Perfectionism Scale contains six subscales: "concerns over mistakes, doubts about actions, personal standards, organization, parental criticism, and parental expectations (Bulik et al., 2003)." Based on previous feedback from the Multidimensional Perfectionism Scale and from the scale developers, the researchers for this study included subscales that pertained to individual (and not parental) characteristics (Bulik et al., 2003).

The researchers had access to prior diagnostic data from the previous interviews. They diagnosed persistent psychiatric and substance use disorders by adapting the Structured Clinical Interview for DSM-III-R and DSM-III-R criteria with some exceptions. For example, the researchers used broader definitions for disorders: amenorrhea was not a requirement for an anorexia nervosa diagnosis, and they dismissed the duration and frequency criteria usually required for a bulimia nervosa diagnosis. Researchers also altered the 6-month minimum to a 1-month minimum duration of illness required for a generalized anxiety disorder diagnosis. Also, diagnostic hierarchies were not considered (Bulik et al., 2003).

The prevalence rates found for the seven psychiatric syndromes examined were: 3.4 % for anorexia nervosa, 9.1% for bulimia nervosa, 30.3% for major depression, 16.6% for alcohol abuse or dependence, 22.9% for generalized anxiety disorder, 9.4% for panic disorder, and 29.2% for any phobia. Researchers found correlations among three of the subscales: between concern over mistakes and personal standards, between personal standards and doubts about actions, and between doubts about actions and concern over mistakes. One interesting finding was that concern over mistakes was specifically associated with significantly higher odds of developing anorexia nervosa or bulimia nervosa and was considered protective against alcohol

dependence or abuse. Another significant association was found regarding the subscale of doubts about actions and both anorexia nervosa and bulimia nervosa, and also panic disorder, phobia, and generalized anxiety disorder (Bulik et al., 2003).

The results considered answers from 1,010 participants of female-female twin pairs. They confirmed and supported results from previous clinical studies regarding similar factors. Researchers found that higher scores on the perfectionism scale were significantly related to the existence of bulimia nervosa and anorexia nervosa. This was particularly true when considering the element of perfectionism assessed by the subscale for concern over mistakes. This subscale was not associated with higher frequency for any other psychiatric disorder that was assessed (Bulik et al., 2003).

Considering the subscale for doubt about actions, higher scores were more generally associated with higher likelihood of bulimia nervosa, anorexia nervosa, phobia, panic disorder, and generalized anxiety disorder. These findings are also reinforced by the comorbidity of eating disorders and anxiety disorders. Researchers also mention evidence for genetic factors between anxiety disorders and eating disorders (Bulik et al., 2003).

Previous studies have confirmed that perfectionism is a notable clinical feature for bulimia nervosa and anorexia nervosa. Previous studies have not necessarily confirmed elevated perfectionism as a prospective risk factor; however, persistence and continuity of this element even after recovery from an eating disorder has caused some to define perfectionism as a trait risk factor. Overall, the results from this study have reinforced previously observed associations between perfectionism and eating disorder development. The element of perfectionism measured by the subscale of concern over mistakes is probably the strongest associated with eating

disorders but it does not offer predictions for other forms of psychopathology (Bulik et al., 2003).

One limitation of this study is that the data collected was not prospective, so researchers cannot automatically rule out the presence of perfectionism as a product of an eating disorder. Also, researchers did not examine other anxiety disorders, such as obsessive-compulsive disorder or obsessive-compulsive personality disorder, that are generally linked with eating disorders (Bulik et al., 2003).

Perfectionism in American Culture

For decades, the United States has held the reputation as a nation that rewards hard work and dedication. The idea of the "American Dream" has translated to a culture that is work-centric and that places value on how much you can achieve. All of this has resulted in perfectionism becoming a common characteristic throughout the United States (Shulman, 2018).

Thomas Curran led a study with Andrew Hill that examined the increase of perfectionism among American, Canadian, and British youth since the 1980s. These researchers claim that perfectionism includes "an irrational desire to achieve along with being overly critical of oneself and others (Shulman, 2018)."

These researchers collected data from 41,641 participants across 164 samples beginning in the 1980s and ending in 2016. These participants filled out the Multidimensional Perfectionism Scale, which tests for generational adjustments in perfectionism. Curran and Hill analyzed three different kinds of perfectionism: self-oriented, also known as an irrational want to

be perfect; socially prescribed, also known as perceiving exaggerated expectations from others; and other-oriented, also known as prescribing irrational expectations on others (Shulman, 2018).

The results from their research indicated that younger generational responses reported higher levels of perfectionism than the previous generations. This is reflected in a linear increase in levels of perfectionism reported by the college-age students across the span of time during which the study was conducted. Between 1989 and 2016, the score for self-oriented perfectionism increased by 10 percent, the score for socially prescribed perfectionism increased by 33 percent, and the score for other-oriented perfectionism increased by 16 percent (Shulman, 2018).

The researchers also attempted to explain some potential causes for this increase in perfectionism. One potential explanation is the increased use of social media. Seeing other people achieve and perform well on social media causes individuals to put pressure on themselves to do the same. It causes individuals to be dissatisfied with their own achievement and bodies and increases feelings of social isolation. The younger participants of this study identified other sources of perfectionism as being the drive to make a lot of money, pressure to receive a high quality education, and setting ambitious career aims (Shulman, 2018).

Researchers also found that the younger participants would engage in behaviors such as trying to get the highest grade point average possible and comparing their grade point averages to those of their peers; a behavior that is considered more common in the younger generational responses. According to the researchers; this is the product of a meritocracy system, where students are rewarded for competing with each other and moving up the economic and social ladders (Shulman, 2018).

About 50% of high school seniors in 1976 expected to graduate college. By 2008, that amount had risen to more than 80% of high school seniors expecting to graduate college. However, the number of people actually earning college degrees has not increased by the same amount. In fact, the gap between the number of high school seniors expecting to graduate college and the number of people who actually graduated college doubled between 1976 and 2000 and has not stopped rising since then (Shulman, 2018).

This data points to higher ambitions of younger generations than those of generations before them. Young people nowadays expect more of themselves. They believe that college is the only socially acceptable way to achieve and so they put pressure on themselves to compete with each other on the road to that one communal goal. The researchers stipulate that in order to meet that goal, perfectionism is one of the only ways to stay on track and feel of worth (Shulman, 2018).

This element of competitiveness and perfectionism has significantly risen in the United States throughout the past several decades and has helped mold the contemporary culture of the country. Its link with development of eating disorders should be considered when examining how the culture of a given country might affect the development of eating disorders. In order to further understand the contemporary culture of the United States as it relates to food and/or eating disorder development, we will now examine food intake habits.

Why Americans Eat What They Do: Taste, Nutrition, Cost, Convenience, and Weight Control Concerns as Influences on Food Consumption

To help understand the food culture of the United States, we will now examine food intake habits and what motivates Americans to eat what they do. This is a particularly interesting

factor to consider when comparing Italian and American culture because popular knowledge recognizes the importance of food in Italian culture, but there is not as clear of a "food culture" reputation for the United States.

The basis of this study was understanding why Americans choose to eat the foods that they do. Using self-reported information, the goal of this study was to discern the importance of taste, cost, nutrition, weight control, and convenience and how these factors affected individual food choices. Researchers wanted to understand whether these components differ across demographic factions, are related to lifestyle choices associated with health, and whether they did indeed predict eating behavior (Glanz, Basil, Maibach, Goldberg, & Dan Snyder, 1998).

Previous literature that has expanded upon food choice has ranked taste as the primary predictor of food and beverage choice or consumption and many of the previous studies related to food choice have examined limited or geographically restricted groups or populations. This research was focused on food-choice patterns and expectancies as they related to demographic differences--the focus was on how education level, gender, age, and ethnicity may affect food choice. Not many studies have been able to provide research on or draw conclusions about demographic differences according to representative samples of the American population (Glanz, Basil, Maibach, Goldberg, & Dan Snyder, 1998).

This study tested three main hypotheses: (1) they expected that demographic elements would predict the valence of convenience, taste, nutrition, weight control, and cost to individuals; (2) they expected that the classification of belonging to a certain health lifestyle cluster would predict the valence of convenience, taste, nutrition, weight control, and cost to individuals; and (3) they expected that convenience, taste, nutrition, weight control, and cost

expectations would significantly responsible for predicting food choice or consumption (Glanz, Basil, Maibach, Goldberg, & Dan Snyder, 1998).

Researchers collected data for this study using two surveys. The first survey was a lifestyle survey sent out to 5,000 adults across the nation. An additional supplemental survey was issued to 420 individuals to increase the responses from low-income individuals and minorities. The second survey issued was considered a "healthstyles" survey. Out of the 3,835 respondents from the first lifestyles survey, 2,967 participants responded to the healthstyles survey (Glanz, Basil, Maibach, Goldberg, & Dan Snyder, 1998).

The surveys determined independent variables such as demographic factors and classification of belonging to a certain health lifestyle cluster. Demographic factors that were examined included gender, age, race, and income. This data was collected using single-item questions. Membership to a particular health lifestyle cluster was determined based on responses concerning social cognitive construct--including social environment factors, internal personal factors, and behavior--and constructs across five areas of health lifestyle choices: alcohol consumption, exercise, nutrition, weight, and smoking. These clusters were defined as: physical fanatics, active attractives, tense but trying, decent dolittles, passively healthy, hard-living hedonists, and non interested nihilists (Glanz, Basil, Maibach, Goldberg, & Dan Snyder, 1998).

The dependent variable addressed in this survey were valence factors and four primary dimensions of eating behavior. The importance was measured based on fifteen items on the health lifestyle survey. Based on these items, participants assessed how important each of the five factors (convenience, taste, nutrition, weight control, and cost) were for three food choice occasions: buying food for themselves or their family, eating out for lunch, and eating out for

dinner. As a part of the lifestyles survey, participants answered questions regarding fast food consumption. This was addressed by asking how many times in the past two weeks the participants frequent or buy food items from the restaurants on a subsequent list (Glanz, Basil, Maibach, Goldberg, & Dan Snyder, 1998).

The researchers confirmed that the most important factor in terms of food choice was taste. After taste, the importance of each of the factors followed in this order: cost, nutrition, convenience, and weight control. The researchers also found clear demographic variation in terms of differing importance for the factors assessed. Particularly, age was a predictive factor for the importance of weight control and nutrition (more valence for older people) and cost and convenience (more valence for younger people). Cost and convenience mattered more to lower income individuals. In terms of ethnicity, nonwhite individuals rated the importance of all five factors assessed more highly than other ethnic groups (Glanz, Basil, Maibach, Goldberg, & Dan Snyder, 1998).

One interesting finding from this study is that membership to a particular health lifestyle cluster was deemed more predictive in terms of food choice or consumption than the broader demographic factors. Researchers also found that people who believe that fast food is the better food choice in terms of cost and convenience will eat fast food more often than fruits, vegetables, or breakfast cereals (Glanz, Basil, Maibach, Goldberg, & Dan Snyder, 1998).

One important takeaway from this study is that it contributes to the general context of American food culture. Based on the findings from this study, we can determine that Americans choose to consume certain foods primarily based on taste above everything else. If they consider

a food based on convenience, cost, nutrition, or weight control, taste was the first factor in deciding whether or not to consume the food item.

From this research we can understand that Americans value taste above anything when choosing what food to consume. This helps develop our understanding of American food culture. Another important element of American food culture is that typically Americans eat their meals quickly compared to those in some European countries. Rozin et. al (2003) documented how French people tend to eat smaller portion sizes and take more time to consume it. In this study that also described how taking longer to eat the food results in more enjoyment and less of a stressful eating environment (Rozin et. al, 2003). When looking at how Americans eat their food, the quicker consumption of the larger portion sizes, this could produce a stressful eating environment more likely associated with negative emotions related to food.

2.2 Media Influence in America

Now we will examine how the media in America can affect body image dissatisfaction in individuals, which adds to our understanding of how the American cultural context can affect eating disorder development.

Media Exposure of the Ideal Physique on Women's Body Dissatisfaction and Mood

According to these researchers, the most powerful sociocultural pressures that influence body dissatisfaction are those that are propagated by the mass media. This includes forms of media such as movies, print media, and television. This mass media machine presents communication forms that produce messages for big, heterogeneous, and anonymous groups.

The media's goal is essentially to maximize profits. Both correlational and longitudinal research has concluded that exposure to the mass media's portrayal of the ideal body image is positively related to eating disorder symptoms and issues with body dissatisfaction. However, this research has not established the causal nature of this association nor has it determined potential moderating variables. In order to determine the causal nature of or potential moderating variables for exposure to media-promoted physique ideals, experiments must happen which expose participants to media images promoting physique ideals and then researchers can assess the psychological impact (DeBraganza & Hausenblas, 2010).

This kind of research has reported that both during and after being exposed to media-promoted images of physique ideals, participants experienced increased levels of body dissatisfaction, decreased levels of self-esteem, increased levels of mood disturbance, attentional biases, and disinhibited eating. Research has also suggested that not all women are as vulnerable to the negative psychological consequences of media exposure. Women who are heavier, have higher levels of inherent body dissatisfaction, and higher levels of internalization of body image ideals are all more susceptible to these negative consequences (DeBraganza & Hausenblas, 2010).

Typically, the social norms of body image ideals are portrayed in the media by actors and models. These ideals pushed to the forefront of culture by the mass media influence the standards to which people strive to achieve. More often than not, these societal beauty ideals are represented by the homogenous, white, thin Causcasian. This study wanted to specifically explore how media exposure affected Caucasian women versus African American women (DeBraganza & Hausenblas, 2010).

Half of the participants were Caucasian women and half were African American women, all students at a large Southeastern university in the United States. Some of the measures included in the study were a demographic questionnaire, a measure of body mass index, an ideal body stereotyping scale--revised, a body-areas satisfaction scale, a mood visual analogue scale, and stimulus slides (DeBraganza & Hausenblas, 2010).

The demographic questionnaire was used to determine age, weight, height, and ethnicity. Of the participants, 100% of the Caucasian women were born in the United States and 87% of the African American women were born in the United States. The African American women who were born outside of the United States were born in Nigeria, Jamaica, Canada, and the United Kingdom and had been in the United States for the majority of their lives (DeBraganza & Hausenblas, 2010).

The ideal body stereotyping scale was used to assess individuals' internalization of the ideal physique stereotype. If a participant scored higher on this scale, it indicated that they agreed with socio-culturally reinforced opinions of the ideal body for a woman (DeBraganza & Hausenblas, 2010). The body-areas satisfaction scale was used to assess individuals' satisfaction levels with body areas such as weight, face, and hair. If a participant scored higher on this scale, it indicated that she was more satisfied with her own body (DeBraganza & Hausenblas, 2010).

The mood visual analogue scale was used to assess the individuals' mood. The different mood options available to the participants were depression, anxiety, body dissatisfaction, and anger (DeBraganza & Hausenblas, 2010). The stimulus slides were presented to the participants in two different sets: the first set of slides presented ideal female Caucasian mass media body images, and the second set of slides presented female Caucasian normal-weight controls. Each

set of stimulus slides contained nine pictures of women in various situations; including: in bathing suits, exercising, in designer clothing, and in lingerie. These pictures were pulled from popular beauty, fashion, health, and lifestyle magazines as well as clothing catalogues for women. The photos that were selected for the study were selected on the basis of representing a mass media ideal (DeBraganza & Hausenblas, 2010).

The researchers had their hypothesis confirmed in the sense that ethnicity did in fact moderate the effects of exposure to mass media-promoted beauty ideals. While African American women did not show a significant difference in level of body dissatisfaction from pre-viewing to post-viewing, the Caucasian women showed significantly higher levels of body dissatisfaction after viewing the mass media-promoted beauty ideals. These results support social comparison theory, where people tend to compare themselves to people who look like them. The researchers did find any significant results regarding changes in mood pre-viewing to post-viewing mass media-promoted beauty ideals for Caucasian women compared to African American women (DeBraganza & Hausenblas, 2010).

2.3 Prevalence Rates

Prevalence Rates in the General Population

According to the National Association of Anorexia Nervosa and Associated Disorders, over 30 million people of all genders and ages across the United States have an eating disorder. Eating disorders also have the highest mortality rate for any mental illness. Eating disorders also affect people of all ages; nearly 13% of people over the age of 50 participate in eating disorder behaviors (Eating Disorder, 2020).

According to the National Association of Anorexia Nervosa and Associated Disorders, approximately 0.9% of women in the United States have anorexia nervosa during their lifetime. One of the most common comorbid disorders with anorexia nervosa is depression and about 33-50% of individuals with anorexia nervosa experience a comorbid mood disorder (Eating Disorder, 2020).

Also, nearly 1.5% of women in the United States have bulimia nervosa during their lifetime. About 50% of individuals with bulimia nervosa also have a comorbid mood disorder and over half of individuals with bulimia nervosa have a comorbid anxiety disorder (Eating Disorder, 2020).

About 2.8% of adults in the United States have binge eating disorder at least once in their lifetime. Similarly to those with bulimia nervosa, about half of individuals with binge eating disorder have a comorbid mood disorder and more than half of individuals with binge eating disorder have a comorbid anxiety disorder (Eating Disorder, 2020).

In Chapter 3, there is a discussion regarding how these prevalence rates compare to those found in Italy and what might explain differences and/or similarities in prevalence rates in the two countries.

Prevalence and Treatment of Eating Disorders among Hispanics/Latino Americans in the United States

According to this study, the lifetime prevalence rate for anorexia nervosa is 0.08% in the Hispanic/Latino population within the United States, which is significantly lower than the lifetime prevalence rate found in the non-Hispanic white population within the United States.

The prevalence rates for bulimia nervosa and binge-eating disorder within the Hispanic/Latino population in the United States are comparable to those found within the non-Hispanic white population within the United States (Perez et al., 2016).

This study also examined the development of eating disorders within the Hispanic/Latino population in the United States. One interesting finding from this examination is that the process of adopting American cultural ideals played an important role. The level to which individuals adopted American beauty ideals and the emotional stress associated with balancing the two cultures affected the development of eating disorder behaviors. Particularly, these factors led to an increase in bulimia nervosa behaviors (Perez et al., 2016). These findings parallel the factors that affect eating disorder behaviors in Italian women as well. As discussed in Chapter 3, Italian women can experience emotional stress as a result of the process of Westernization and resort to unhealthy coping mechanisms such as eating disorder behaviors (Sassaroli et al., 2015).

With this set of data that outlines the prevalence rates of eating disorders in the United States, we are able to understand more about how prevalent these eating disorders are in the United States. However, it is important to consider that prevalence rates probably do not reflect the total number of cases given the possibility that individuals may be reluctant to report. Comparing these prevalence rates to those found in Italy will help us with the cross-cultural examination of the eating disorders in the two countries.

Chapter Three: Eating Disorders in Italy

Now we move to an examination of the development of eating disorders within the context of Italian culture. The comparison between eating disorder development in the United States and in Italy is an interesting one because of the differences in culture. Italy is known for its love of food and has maintained a lot of traditional cultural values, despite the movement of globalization and increased Westernization. In this chapter, we will examine aspects of Italian culture relating to food, media, and other cultural values to see if they might have any effect on the risk of developing an eating disorder or disordered eating.

3.1 Italian Culture

In order to understand the cultural context of Italy, I will first describe different aspects that compose this culture. This section will include a general overview of Italian culture as it relates to food, food consumption, body image idealism, and more.

Autonomy vs. Submissiveness: Different Sociocultural Factors That Could Contribute to Eating Disorder Development

Many studies have concluded that a societal idealization of thinness is a significant cultural factor that influences the development of eating disorders (Keel, 2017). This thin ideal is reinforced by various forms of media that are prevalent throughout Western, developed cultures (Reel, 2018). This ideal of a thin female body has also been linked to increased urbanization and modernization. Due to this, the increase in eating disorders in Western cultures can possibly be

considered a result of the shift away from traditional values towards modern notions of individual autonomy.

One significant study that has explained how sociocultural factors might have influenced eating disorders in Italy comes from Europe's Journal of Psychology. This study (Sassaroli et. al, 2015), has explained how sociocultural factors might have influenced eating disorders in Italy. This study explores the possibility that eating disorders develop not only because of psychological and psychosocial factors, but also because of sociological factors, including major sociological transitions.

This research tangent has explored the possibility that eating disorders can develop as a result of a cultural clash between fast-moving modernization and the urge to maintain more traditional family values. In essence, this is a clash between a more individualistic society and a collectivistic society. Western, more modernized, and urbanized cultures tend to be individualistic while non-Western cultures tend to be more collectivistic. However, this does not rule out the possibility that there may be sub-regions of a particular Western country that have remained more traditional and collectivistic, despite the rapid modernization happening in the same country. This article references how the southern areas of Italy are indeed still more traditional and collectivistic than the northern areas (Sassaroli et al., 2015).

Previous research has indicated that modernization and industrialization have been catalysts for the rise of eating disorders. As Weissman discussed, sociocultural risk factors for eating disorders have expanded to include not only the drive for an ideal thinness and accompanying societal norms relating to femininity, that highly regarded physical appearance as a barometer of self-worth and success, but also other factors such as "urbanization, transnational

migration, social environments (e.g. sororities and sports teams), that might amplify certain harmful norms or values, and institutions or industries (media and agricultural or food conglomerates) responsible for the amplification or dissemination of risk factors" (Weissman, 2018). Considering this understanding of sociocultural risk factors, we can understand how women in an area undergoing a process of urbanization and societal transformation might harbor feelings of cultural conflict that could contribute to a higher risk of developing an eating disorder. With modernization and urbanization come new opportunities for women in terms of social roles, familial roles, employment, and more. However, these women are still transitioning from the more traditional values that they, their families, and communities either used to have or still have. Reconciling the past and the future opportunities can lead to an internal struggle and feeling of societal disconnection. These feelings in turn can then lead to the development of eating disorders as ways of rejecting the personal self. This study comparing eating disorder motivations of Swedish women and Italian women seeks to answer the question: "do women affected by eating disorders fear modern autonomy and pursue asceticism, rejecting the ideal of the body, the material world, and the personal self? Alternatively; are women with eating disorders pursuing perfectionism, autonomy, self-control, a sense of triumph over the limitations of the body, and social assertiveness?" (Sassaroli et al., 2015).

In order to examine this research question, the study incorporated two phases of research. In the first wave, they sought to relate eating disorders to a drive towards the thin ideal as well as modern cultural values of autonomy, individualism, and independence. These modern values reflect the priorities of an individualistic culture. The second wave examines other cultural variables such as inter-familial tension and conflict related to increasing cultural differences.

This tension and conflict would stem from a shift away from traditional family values and expectations (specifically related to submissiveness) towards more modern values of independence and autonomy. The cumulative research compared and contrasted two different hypotheses. Hypothesis 1 examined whether the first set of cultural variables would lead to a predisposition for developing an eating disorder. Hypothesis 2 examined whether both sets of cultural factors would lead to the development of an eating disorder; that is, not only would one develop an eating disorder from a drive to achieve the thin ideal, but also as a way to protest the submissive tendencies prioritized by a more traditional, collectivistic culture (Sassaroli et al., 2015).

In this study, they measured cultural factors by using the Individual--Collectivism Scale developed by Triandis in 2001. This scale asks individuals a series of questions where they must answer with a number ranging from 1 to 5. The answers will then indicate to what degree the individual identifies with and prioritizes values associated with either individualistic or collectivistic ideals. This scale consists of 16 items that determine individualism and 16 items that determine collectivism. These were then categorized in four different groups: horizontal individualism, vertical individualism, horizontal collectivism, and vertical collectivism. Horizontal individualism consists of values related to self-interest and competition. Vertical individualism consists of values related to independence and autonomy. Horizontal collectivism consists of values related to prioritizing collective goals rather than individual goals and maintaining respect for elders and others in positions of authority. Vertical collectivism consists of values relating to relationship-orientation and harmony (Sassaroli et al., 2015).

The raw results of this study showed higher levels of individualism, bulimia, and perfectionism in the Swedish sample, with higher levels of collectivism in the Italian sample. These results support the hypothesis that eating disorders can stem from cultural transitions, such as the one Italian women are experiencing from collectivism to individualism--which has been underway since the 1960s and 1970s politically and socially. While shifting towards a more individualistic society, women might be challenged by the increase in autonomy, self-confidence, and pursual of personal goals. In order to assuage this emotional conflict, they might resort to unhealthy eating habits like restrictive eating or bulimic behavior (Sassaroli et al., 2015).

Fashion

If we were to subscribe to the typical Western theory that eating disorders develop based on body image ideals, particularly a thin ideal, then the world of fashion would be an important part of that discussion. In Italy, fashion is a dominant force and significant part of the culture. Some of the biggest and most well-regarded fashion houses hail from Italy: Dolce & Gabbana, Giorgio Armani, Fendi, Gucci, Prada, Versace, and Valentino; just to name a few. Italians take pride in this aspect of their culture and history. Even now, many of the high-end brands rely on Italian craft houses to produce their clothes. In Rome, Italy Via dei Condotti is a cultural landmark; known for housing some of the world's top luxury brands.

During the Renaissance, people would flock to Italian piazzas and squares to get a glimpse of Italian fashion. These palazzi and centri storici acted as stages, where the world could

understand the concept of Italian fashion. Even now, public spaces in Italy are used to display Italian fashion.

Internationally, many cite 1951 as the year of the birth of Italian fashion. Emerging as a newly-forged nation post-World War II, Italy had a lot riding on the collective approval of the world (Paulicelli, 2015). This need for approval led to mutually beneficial relationships between Italy and and previously Allied Powers countries in the private sector, including in fashion. Fashion shows throughout Italy became more than simply parading around beautiful women in beautiful clothing; they served as a presentation of a modernized and engaging nation--in essence, a "diplomatic performance" (Paulicelli, 2015).

Fashion was an excellent mechanism for rehabilitating the economy and diplomacy post-World War II; especially for countries engaged in the Marshall Plan, such as the United States, France, and Italy. Those in the private sector and in government worked hard to make sure that these European goods would sell in America. Giovanni Battista Giorgini was an Italian entrepreneur that organized fashion exhibitions in Florence, inviting buyers from American stores such as Lord & Taylor, Bergdorf Goodman, and B. Altman. During the same year, an Italian exhibition occupied the entire fifth floor of the Macy's department store in New York City.

When Italy jumped into the industrialization of the fashion industry, after being a significant contributor of handmade goods, Milan became an international fashion epicenter.

Men's fashion also has a rich history in Italy. Dating back to the Renaissance, the idea of "sprezzatura" has evolved into what is currently known as "sprezzy" and "sprezziest." These expressions refer to an idea of masculinity, ideal style, and coolness. Many fashion

commentators in modern times cite the Renaissance as the model for the current ideal of masculinity.

According to Paulicelli, one of the most beseeching aspects of Italian culture is the notion of "authenticity." This is achieved in multiple realms of Italian culture--whether it is in food, art, or fashion. The Italian fashion industry must grapple with the challenge of balancing modernization/industrialization and the concept of authenticity for which Italian products are known for (Paulicelli, 2015).

Mental Health Awareness in Italy

In order to provide more context on mental health awareness in Italy, we can examine a study (Munizza et al., 2013) done on cultural attitudes towards depression. Researchers in Italy conducted a survey of over 1000 people over the age of 15, contacted by telephone, in order to assess italian cultural attitudes towards depression. The people who participated in the survey were asked questions related to stigma, knowledge of depression, help-seeking attitudes, treatment preferences, and causal beliefs. Of the people surveyed; 98% knew of depression, 62% had experienced it, and 75% believed that those suffering from depression should not explicitly talk about it. Those that were surveyed thought that seeking help for depression from a primary care physician was embarrassing and that the primary care physician would be too busy to handle patients with depression. One noteworthy takeaway from the stigmatization processes accumulated in this survey is that they are more significant than in some other Western countries, such as Canada (Munizza et al., 2013).

Mental health awareness and education in a country is an important area to examine when discussing prevalence rates of mental health disorders, such as eating disorders. When there is not adequate education regarding mental health, it can lead to a deficit in understanding one's own unhealthy behaviors. When one does not know what types of behaviors are categorized as disordered eating or warning signs for eating disorder development, then one does not know that one would fall into those categories. Not knowing that one's own disordered eating is a problem leads to ignorance regarding your mental health, or if one does realize that something is wrong one may not know where to go to get help. Ignorance regarding one's own mental health then creates an opportunity for the disordered eating to continue at the same rate or even get worse. This can be dangerous for someone experiencing disordered eating because it can allow the disordered eating to develop into an eating disorder. Without proper education or awareness regarding eating disorders, those affected by them will not know that they need to seek help or change behaviors. This lack of knowledge then affects prevalence rates. If people do not know that certain behaviors can be categorized as disordered eating or facets of an eating disorder, then they will not identify themselves as individuals who engage in disordered eating or who have eating disorders. This creates a lack of representation in the data regarding prevalence rates of the disorder.

3.2 Media Influence on Italian Women

As we have previously established, the thin-ideal that is promoted in American media can be dangerously influential in terms of increasing body dissatisfaction and increasing an individual's likelihood to engage in disordered eating in order to achieve that ideal. One interesting question is: does this pressure instigated by American media have similar effects on

Italian media consumers who might be exposed to similar thin-ideals in their own cultural media?

Two French researchers conducted a survey to help determine whether young French people and young Italians were negatively affected by media that promoted a thin-ideal. They also wanted to determine whether prompting the subjects with media that spoke positively of average-sized models had an adverse affect or positive effect on the level of body dissatisfaction after they consumed the media. This question was prompted by some evidence that seeing images of average-sized models in the media could reduce some of the negative effects of the media consumption (Rodgers & Chabrol, 2009).

The subjects for the study were participants from the University of Padua in Italy, university students from Toulouse in France, and high school students from Toulouse in France. These participants were prompted to consume media that included images of thin models and average-sized models, all of which were accompanied by either positive or neutral slogans. The media being consumed were fake advertisements for body cream. The first advertisement included an ideally-thin model and included a neutral slogan. The second advertisement included an average-sized model but with the same neutral slogan as the previous advertisement. The last advertisement included the same average-sized model as the second advertisement, but instead of the neutral slogan it included a supportive slogan that promoted acceptance and departure from the culturally-promoted thin-ideal (Rodgers & Chabrol, 2009).

Before viewing the advertisements, the participants ranked themselves on a scale of body dissatisfaction from 0-10. Based on these rankings, the participants were then separated into different groups. The first group consisted of participants reporting body dissatisfaction; their

individual rankings were greater than or equal to 5. The second group consisted of participants who reported no body dissatisfaction; their individual rankings were less than 5 (Rodgers & Chabrol, 2009). After they had been sorted, each participant was exposed to one of the three fake advertisements chosen at random. After viewing the fake advertisement, the participants then completed the body dissatisfaction sub-survey from the Eating Disorders Inventory (Rodgers & Chabrol, 2009).

One of the most significant results from this study was that the participants who reported body dissatisfaction at the beginning reported higher levels of body dissatisfaction after being exposed to the fake advertisement with the ideally-thin model than when they were exposed to the fake advertisement with the average-sized model. There was not a significant difference in levels of body dissatisfaction when the participants viewed the fake advertisement with the average-sized model with the neutral slogan versus the fake advertisement with the average-sized model with the supportive slogan (Rodgers & Chabrol, 2009). The results reflected no significant change in levels of body dissatisfaction for individuals who did not initially report body dissatisfaction. This study concluded that media promoting ideally-thin models does have an adverse effect on media consumers compared to when the media promotes average-sized models (Rodgers & Chabrol, 2009).

This kind of study can offer us information regarding whether Italians are as susceptible to media influence, especially when the media influence supports a thin ideal as it often does in Western cultures. From the conclusions of this study we see that Italians are affected in similar ways; when people who already have some level of body dissatisfaction are exposed to media that promote a thin ideal, their levels of body dissatisfaction are likely to increase.

Body dissatisfaction, disordered eating, fashion magazines, and clothes: A cross-cultural comparison between Australian and Italian young women

Another attempt to expand the research regarding effects of media exposure and levels of body dissatisfaction particularly including non-English speaking cultures examines Australians and Italians. As these researchers state, much of the prior research linking culture and ethnicity to levels of body dissatisfaction or development of disordered eating or eating disorders deals with minority groups such as Hispanics or Blacks in the United States. This study wanted to examine the cross-cultural effects of the media exposure in a non-English speaking country such as Italy compared to an English speaking country such as Australia (Tiggemann, Verri, & Scaravaggi, 2005).

These two countries were chosen because they have distinct cultural similarities and differences that are pertinent to the research. Australia was chosen because of its status as a English speaking Western country which relies on the United States for most of its media content. In contrast, Italy is a European non-English speaking country and Italian is the national language. Research has suggested that levels of body dissatisfaction among Italian women is comparable to other European countries. Analyses of the media content in magazines in both Italy and Australia have shown that they promote high levels of the thin ideal which is virtually impossible to achieve for most women (Tiggemann, Verri, & Scaravaggi, 2005).

As previously discussed and as mentioned in this study, there is some research that suggests that the typical obsession with the thin-ideal, which is most popular in the United States and other highly Westernized countries, might not be the most likely as a motivating factor in development of disordered eating or an eating disorder in Italian women. Sassaroli et. al (2015) suggest that one of the more common triggers or catalysts for increased body dissatisfaction or

likelihood to develop disordered eating or an eating disorder for Italian women might be linked to an increased cultural conflict in Italian families. In Italy, the family remains incredibly important economically and socially; food and meals also occupy a central role in modern Italian life. Conversely, modernization and the interest in social media that comes along with it are prioritized more and more by the younger generations in Italy. This has created a cultural and somewhat generational conflict between those that prioritize their needs to fulfill their individualistic goal of self-fulfillment and those that prioritize relationships at the horizontal level and collectivistic goals such as developing interpersonal development. These cultural trends suggest that Italians who develop disordered eating or eating disorders might be more influenced by psychological reactions to cultural conflicts rather than the pressure to adhere to a media-promoted thin ideal. This kind of psychological and cultural motivation is not present in Australia, making the country a good comparison point for the study. In Italy, there is more intrapersonal conflict related to the balancing of horizontal relationships and vertical relationships, while in Australia the culture is grounded by a more well-established movement of Westernization. Simply put, Australia has adopted and integrated American culture more so than Italy has (Tiggemann, Verri, & Scaravaggi, 2005). Another difference between the two countries is how Italians identify with the idea of "Bellezza." This term refers to the importance of the visual aesthetic, flair, and refinement. Indeed, Italians put a large emphasis on the importance of always looking their best and making a good impression based on their appearance; this is also known as "fare bella figura" (Tiggemann, Verri, & Scaravaggi, 2005). This idea is something uniquely Italian and offers a comparison point to Australian culture.

Based on these important facets of distinctly Italian culture and identity, the researchers hypothesized that clothing would be a more significant aspect in terms of internalized body image and level of body dissatisfaction for Italian women than for Australian women. This study aimed to compare levels of body dissatisfaction and disordered eating across similar samples of Italian and Australian women and to determine the importance and/or effect body image in those populations. There has been a lot of research linking fashion magazine consumption and increased levels of body dissatisfaction and/or development of disordered eating and/or eating disorders among English-speaking women, but this study wanted to compare how the relationship would hold up in non-English speaking cultures (Tiggemann, Verri, & Scaravaggi, 2005).

The samples pulled from Australia and Italy were basically the same height, although the Italian women, on average, weigh slightly less than the Australian women. Both the Australian and Italian participants rated their current body image as larger than their ideal body image, although the Italians considered themselves farther from their ideal size than the Australians did. One interesting finding from the populations was that the Australian women ranked significantly higher on the disordered eating scale used than the Italian women did. Another noteworthy finding was that Australian women considered clothes to be more important and invested more money in them than the Italian women did. Although according to a ranking distributed as a part of the study, Australian women considered physical fitness the absolute most important attribute. Both populations reported about the same frequency of reading fashion magazines (Tiggemann, Verri, & Scaravaggi, 2005).

Based on the findings from this study, the researchers concluded that there were fewer cross-cultural differences in disordered eating, body image, and body dissatisfaction than anticipated. Many of the predictors for these things were similar across the Australian and Italian populations. One of the significant differences was that the Australian population ranked higher for disordered eating. The researchers suggest that perhaps the importance of family and prominence of food in Italian daily life might serve as protective barriers against disordered eating (Tiggemann, Verri, & Scaravaggi, 2005). Rozin et. al documented French ecology eating habits in their 2003 study. They concluded that the French not only eat smaller portion sizes than Americans, but also take a longer time to eat their meals. One conclusion that they drew from this finding was that because they take longer to eat their food, the consumption of food is more enjoyable for them; in essence it is an activity associated with positive emotions (Rozin, Kabnick, Pete, Fischler, & Shields, 2003). There is a parallel between French and Italian portion sizes, but in Italy there is also the emphasis on dining with the family and friends. This positive experience of leisurely dining with family might serve as a protective barrier against the stress, anxiety, and negative emotions associated with food and eating disorders (Tiggemann, Verri, & Scaravaggi, 2005).

One limitation of the study worth mentioning is the sample size used. The size of the sample of university students used for the study is considered relatively small. Even regarding the smaller sample size, the BMIs that the participants reported is fairly accurately representative of the populations of each country. However, the sample size may limit or exclude some key demographic variables that were not assessed in the study. Another notable limitation of the study is that the results obtained may not accurately apply to other factions of the community

who belong to different age groups or have different levels of education. One possible explanation for why the Australian and Italian students rated similar levels of body satisfaction may have to do more with how similar university students are, despite differences in geographic locations (Tiggemann, Verri, & Scaravaggi, 2005).

One of the most important conclusions from this study was the understanding that future research must do more than analyze absolute levels and progress towards understanding the relationships between the variables (Tiggemann, Verri, & Scaravaggi, 2005).

3.3 Prevalence Rates

In order to offer some data and context regarding how common eating disorders are throughout Italy, I will offer a selection of prevalence rates from across the country. This will help provide context and raw data for the overall cross-cultural comparison between Italy and America.

Northern Italy

The spectrum of eating disorders: prevalence in an area of Northeast Italy

This study was conducted in order to understand the prevalence of eating disorders in Northern Italy, specifically in a Northeast area surrounding Conegliano in the region of Veneto. The researchers took into account gender and age differences and compiled a group of 1000 female and male adolescents which represented the equivalent of about 10% of the adolescent

population between the ages of 15 to 19 years. This study was conducted along the lines of a survey, where the participants had to self-report behaviors and attitudes based on several questionnaires. Some of the surveys used include the Eating Attitudes Test, the Bulimic Investigatory Test of Edinburgh, and the Body Attitudes Test. Some of the findings of the study included that females scored higher than males at every age, all body mass index rank, and socioeconomic status rank. Overall, this study had three main goals: (1) to determine the prevalence of not normal eating patterns, bulimic or binge-eating behavior, and determine what body image disorders might be present in the sample of the population being used for the survey (Miotto, De Coppi, Frezza, & Preti, 2003).

Using self-reported data, the researchers determined the body mass index of the participants. Using the calculated BMIs, the participants were then divided into four subgroups based on suggestions from the World Health Organization: underweight (those with BMIs <19); average weight (those with BMIs between 19 and 24), overweight (those with BMIs between 25 and 30), and obese (those with BMIs >30). The researchers also used self-reported data on the crowding of individual's homes in order to determine differing levels of socioeconomic status. The categories derived from these calculations were: low socioeconomic status (0.6-1.50 rooms available per person), medium socioeconomic status (1.51-2.25 rooms available per person), and high socioeconomic status (2.26-4.00 rooms available per person) (Miotto, De Coppi, Frezza, & Preti, 2003).

In order to determine abnormal eating behaviors, the participants then used the EAT questionnaire. This survey determines abnormal eating behaviors and attitudes, especially those tied to anorexia nervosa. The BITE questionnaire determines bulimic behaviors through

questions that assess whether the participants participate in attitudes and/or behaviors associated with bulimia nervosa. It also determines the extent to which the behaviors are present. The BAT questionnaire assesses an individual's attitude towards their own body through three areas: negative appreciation of body size, lack of understanding of one's own body, and overall body dissatisfaction (Miotto, De Coppi, Frezza, & Preti, 2003).

The participants that scored higher than a 30 on the EAT questionnaire and had a BMI of lower than 18 were considered at risk for having anorexia nervosa. Overall, the researchers distributed 950 questionnaires and had 930 returned to them in a computable state. The respondents were considered equally male and female. The female participants scored significantly higher than the males on all of the inventories considered. Females also scored significantly higher than the suggested cutoff for determining risk of eating disorders--100 females (equivalent to 15.8% of the sample) and 8 males (equivalent to 2.8% of the sample) for the EAT questionnaire; 26 females (equivalent to 4.1% of the sample) and 1 male (equivalent to 0.3% of the sample) for the BITE questionnaire; and 287 females (equivalent to 45.5% of the sample) and 24 males (equivalent to 8.6% of the sample) for the BAT questionnaire (Miotto, De Coppi, Frezza, & Preti, 2003).

Overall, the female participants in this study scored higher on the EAT questionnaire than corresponding samples in America and from previous samples pulled from the same region. One limitation to consider in this study is the use of self-reporting in order to evaluate prevalence rates of eating disorders or abnormal/disordered attitudes and behaviors. Generally, when self-reported measures such as this one are then followed by a standardized clinical interview, the prevalence rates drop. Due to the lack of sufficient epidemiological studies on the prevalence

of eating disorders in Italy, the researchers were left to speculate as to why the prevalence rates determined from this study were higher than previous studies. One of the confounding factors might be the presence of alcohol and substance abuse in the area. There is a link between alcohol and substance abuse and eating disorders. The researchers also suggest that the passage of time might also be a significant factor in the higher prevalence rates; perhaps the general increase in prevalence rates over time can be applied to this study as well. Another factor to consider is that of anonymity. The privacy of this factor and the decreased likelihood of any kind of follow-up interview might have led to participants feeling more free to share vulnerable answers (Miotto, De Coppi, Frezza, & Preti, 2003).

Overall, the study found relatively high rates of prevalence for symptoms related to eating disorders in the sample of male and female adolescents that participated in the study (Miotto, De Coppi, Frezza, & Preti, 2003). This study provides more information on what the prevalence rates are in Northern Italy according to self-reported attitudes and behaviors. The results from this study suggest that there has been an increase in prevalence and incidence of eating disorders in Northern Italy. Although this study does not examine what might account for this increase, one possibility is the increase in globalization and Westernization, particularly in the Northern area of Italy.

Southern Italy

Full-syndrome, partial-syndrome, and subclinical eating disorders: an epidemiological study of female students in Southern Italy

This study was conducted in Naples, using a sample population of 919 female adolescent students from six different high schools. The schools were selected to represent varying levels of socioeconomic status throughout the population. The study had three main goals: (1) to assess the prevalence of partial-syndrome and full-syndrome eating disorders present within a sample population of female students in Southern Italy, (2) examine non-eating-related and eating-related psychopathology of participants with the full-syndrome eating disorders compare to those with partial-syndrome eating disorders, and (3) to examine the natural progression of partial-syndrome eating disorders over time (Cotrufo, Barretta, Monteleone, & Maj, 1998).

The procedure for the study had two main steps. The first step included the participants completing an ad-hoc sociodemographic schedule, the General Health Questionnaire containing 28 items, and the Eating Disorder Inventory 2. Some of the characteristics collected from the sociodemographic schedule included goal body weight, age, family composition, dieting activity, and parents' occupation and degree of education. Other factors measured included the individual's height and weight (Cotrufo, Barretta, Monteleone, & Maj, 1998).

The second step had the individuals who surpassed the cutoff score on the Eating Disorder Inventory 2 complete an interview with two researchers. During this interview, the individuals completed the EDI Symptom 2 Checklist. This questionnaire assesses and measures eating attitudes and behaviors, compensatory behaviors, and the regularity of menstruation (Cotrufo, Barretta, Monteleone, & Maj, 1998).

The researchers then diagnosed certain individuals according to the DSM-IV criteria. Of the total sample population, 281 girls (equivalent to 30.6% of the sample) surpassed the cutoff values. Of those that surpassed the cutoff values, two decided to not partake in the next step of

the study and 13 individuals were not present for the interviews. This resulted in 266 individuals (equivalent to 28.9% of the sample) that were interviewed for the second step of the study (Cotrufo, Barretta, Monteleone, & Maj, 1998).

Of those interviewed, the researchers identified two girls with full-syndrome anorexia nervosa (equivalent to 0.2% of the sample), 21 girls with full-syndrome bulimia nervosa (equivalent to 2.3% of the sample), and 2 girls with full-syndrome binge-eating disorder (equivalent to 0.2% of the sample). Additionally, 35 individuals were identified as having a partial-syndrome eating disorder. There were four girls who had partial-syndrome anorexia nervosa (equivalent to 0.4% of the sample), 27 girls who had partial-syndrome bulimia nervosa (equivalent to 2.9% of the sample), and four girls who had partial-syndrome binge-eating disorder (equivalent to 0.4% of the sample). Lastly, the researchers found that 76 individuals had subclinical anorexia nervosa (equivalent to 8.3% of the sample), 18 individuals had subclinical bulimia nervosa (equivalent to 1.9% of the sample), and four individuals had subclinical binge-eating disorder (equivalent to 0.4% of the sample) (Cotrufo, Barretta, Monteleone, & Maj, 1998).

According to the researchers, the prevalence rates identified in this study are comparable to other studies done in other countries, as well as previous studies done in Northern Italy. The prevalence rates for anorexia nervosa identified in this study were similar to previous studies in Northern Italy; but the prevalence rates for bulimia nervosa identified in this study were higher than the prevalence rates found in one of the other studies conducted in Northern Italy (Cotrufo, Barretta, Monteleone, & Maj, 1998).

This lower rate of anorexia nervosa in Italian women may be attributed to the baseline lower obesity rate in Italy (Sbraccia, 2015). If Italian women do not feel the need to resort to restrictive eating behaviors in order to achieve the thin-ideal in the same way that American women do, it could be the cause for the lower rate of anorexia nervosa in Italian women. This finding could also support Sassaroli et. al's discussion of how internal cultural conflict might be a motivating factor for eating disorder development in Italian women (Sassaroli et. al, 2015). Instead of restricting eating in order to achieve the typical Westernized-ideal of beauty, Italian women may resort to bulimic compensatory behaviors in order to cope with the internal cultural conflict that they face. Perhaps they resort to overeating or purging compensatory behaviors in order to rebel against the process of Westernization and the typical thin-ideal.

Conclusion

When beginning this compilation of research, I wanted to know if there were significant differences in eating disorder causal or influencing factors, prevalence rates, and development between the populations and cultures of the United States and Italy. From this research, it is evident that the primary influencing factor that can decrease levels of body dissatisfaction and increase risk factor for developing an eating disorder is being exposed to unrealistic body ideals in the mass media. This is especially true if the individuals exposed already have negative internalized views of their own body or higher than average levels of body dissatisfaction. It is also especially true if these individuals are a part of a more Westernized culture, like the United States or parts of Italy. However, one of the most interesting differences in potentially causal factors between the United States and Italy was a socio-cultural factor.

Development of an eating disorder in response to exposure to unrealistic physique ideals in the mass media is a prominent causal factor in Westernized cultures like the United States. In these Westernized cultures, society is geared towards individualistic tendencies such as the perfection of the self. However, as the previously discussed research has shown, another influencing factor could be attributed to the cultural clash between individualism and collectivism as seen in Southern Italy.

For women living in Southern Italy, this gradual and reluctant shift towards globalization and individualism can lead to internal feelings of societal disconnection. They are forced to reconcile previous expectations imposed on them by the culture of older generations of their family, while also exploring new future opportunities made possible by the shift towards Westernization. These women are also likely to face new challenges like increased autonomy, self-confidence, and the opportunity to pursue personal goals. This internal conflict can lead to emotional distress, which they may cope with by resorting to maladaptive eating behaviors like restrictive eating or bulimic activities.

Another interesting difference between the opportunity for eating disorder development within the American population and the Italian population is that of potential protective barriers. In Italy, food consumption is somewhat of a cultural ritual and it is often consumed together as a family unit. This collective consumption and emphasis on the cultural importance of food might actually serve as a protective barrier against developing maladaptive eating behaviors or eating disorders. This is seen in the cross-cultural research comparing disordered eating rates between women in Australia and women in Italy. Women in Australia ranked significantly higher in disordered eating than Italian women, which may be attributed to these protective barriers in Italian culture.

Overall, this was an insightful cross-cultural comparison because it provided us with a comparison between a country that is highly Westernized and individualistic (the United States), and one that is gradually transitioning towards that from a more traditional and collectivistic culture (Italy). This comparison has allowed us to see the effects of socio-cultural factors on the development and prevalence of eating disorders in the two countries.

Bibliography

Al-sheyab, N. A., Gharaibeh, T., & Kheirallah, K. (2018). Relationship between peer pressure and risk of eating disorders among adolescents in Jordan. *Journal of Obesity*. https://doi.org/10.1155/2018/7309878

This article helps elaborate on how peers can influence eating disorder behaviors, particularly in adolescence.

Anderson, M., MS, RD, LDN. (2018, October 26). What is disordered eating? Retrieved December 5, 2019, from Academy of Nutrition and Dietetics website: https://www.eatright.org/health/diseases-and-conditions/eating-disorders/what-is-disordered-eating

The Academy of Nutrition and Dietetics offers a description of what disordered eating is. They offer a helpful distinction between what disordered eating and an eating disorder is.

Association, A. P. (2013). *Diagnostic and statistical manual of mental disorders, fifth edition (DSM-5®)* (5th ed.). Retrieved from

https://ebookcentral-proquest-com.ezproxy.lib.utexas.edu/lib/utxa/detail.action?docID=1811753

Bulik, C. M., Tozzi, F., Anderson, C., Mazzeo, S. E., Aggen, S., & Sullivan, P. F. (2003). The relation between eating disorders and components of perfectionism. *American Journal of Psychiatry*, *160*(2), 366-368. https://doi.org/10.1176/appi.ajp.160.2.366

This study was helpful in giving more context and background on the link between perfectionism and the development of eating disorders. This link has been fairly well-established by many studies, but this one was a good resource for hard data.

Centers for Disease Control and Prevention. (2020, February 27). Adult obesity facts. Retrieved April 21, 2020, from https://www.cdc.gov/obesity/data/adult.html

This article offers raw data in terms of obesity rates in the United States.

Cotrufo, P., Barretta, V., Monteleone, P., & Maj, M. (1998). Full-syndrome, partial-syndrome, and subclinical eating disorders: an epidemiological study of female students in Southern Italy. *Acta Psychiatrica Scandinavica*, *98*(1-2), pp. 112-115.

This study was helpful in establishing context and background for prevalence rates of eating disorders in Southern Italy. This study had two significant steps: the first one involved the participants completing several questionnaires; then those that were deemed at risk for eating disorders completed another interview with researchers.

Crichton, P. (1996). Were the Roman emperors Claudius and Vitellius

bulimic? *International Journal of Eating Disorders, 19,* 203–207

This was referenced in Keel and Klump's (2003) review of cross-historical and cross-cultural comparisons of anorexia nervosa and bulimia nervosa. It offers information regarding the historical cases of Claudius and Vitellus, who were Roman emperors who engaged in binging and purging activities.

Culbert, K. M., Racine, S. E., & Klump, K. L. (2015). Research review: What we have learned about the causes of eating disorders--a synthesis of sociocultural, psychological, and biological research. *Journal of Child Psychology & Psychiatry*, *56*(11), 1141-1164. Retrieved from EBSCOhost database. (Accession No. 110317991)

This comes from a well-respected database and is included in a well-respected journal in the field of psychology. This will be an important point of reference research that will guide my writing regarding the causes of eating disorders. This is a comprehensive review of sociocultural, psychological, and biological causes of eating disorders. The first part of my thesis will discuss the causes of eating disorders, particularly sociocultural causes, so this piece of research will be very important for that first part. It includes a discussion of one of my areas of focus: the idealization of thinness (media exposure, pressure for thinness, thin-ideal internalization, and thinness expectancies).

DeBraganza, N., & Hausenblas, H. A. (2010). Media exposure of the ideal physique on women's body dissatisfaction and mood. *Journal of Black Studies*, *40*(40), 700-716. Retrieved from JSTOR database.

This study gives context and data for how media exposure of the ideal body image affects both Caucasian American women and African American women. It is important because it gives information about different ethnicities within a country that has many different ethnic groups that make up the population.

Eating disorder statistics. (2020). Retrieved April 11, 2020, from https://anad.org/education-and-awareness/about-eating-disorders/eating-disorders-statistics/

This is a helpful fact/statistic list that outlines the prevalence rates and related information regarding anorexia nervosa, bulimia nervosa, and binge eating disorder in the United States.

Forcen, F. E. (n.d.). Anorexia mirabilis: The practice of fasting by St. Catherine of Siena in the late middle ages. *American Journal of Psychiatry*. Retrieved from https://ajp-psychiatryonline-org.ezproxy.lib.utexas.edu/doi/full/10.1176/appi.ajp.2012.12111457

Forcen gives us a brief look at what St. Catherine of Siena's fasting practices looked like. This is a good supplemental text that can give context to St. Catherine of Siena's motivations and experiences regarding food restriction.

Glanz, K., Basil, M., Maibach, E., Goldberg, J., & Dan Snyder. (1998). Why Americans eat what they do: Taste, nutrition, cost, convenience, and weight control concerns as influences on food consumption. *Journal of the American Dietetic Association*, *98*(10), 1118-1126. https://doi.org/10.1016/S0002-8223(98)00260-0

This study gave more context to general American food culture. This study determined different factors that predict what food choice Americans will make. It is a good study because it uses bigger representative samples of the American population instead of focusing specifically on smaller demographic samples of the population.

Keel, P. K. (2017). *Eating Disorders* (2nd ed.). New York, NY: Oxford University Press.

This book offers a great and comprehensive overview of several eating disorders. The author defines different eating disorders (such as bulimia nervosa) by several characteristics, discusses how eating disorders affect different populations (such as men and women), discusses how to go about finding probable causes of eating disorders, and discusses how cross-cultural and epidemiological studies are conducted.

Keel, P. K., & Klump, K. L. (2003). Are eating disorders culture-bound syndromes? Implications for conceptualizing their etiology. *American Psychological Association*. Retrieved from PsycARTICLES database.

This is a journal article from a prominent and well-established psychology database. The research in this journal article suggests that bulimia nervosa is a culture-bound eating disorder, while anorexia nervosa is not a culture-bound eating disorder. This

will be an important piece of research for my thesis because it will give me the grounds to narrow my scope from discussing eating disorders in general to mostly discussing bulimia nervosa.

Kovacs, J. S. (2007). Popular diets of the world: The Italian way with food. Retrieved April 21, 2020, from https://www.webmd.com/food-recipes/features/the-italian-diet#3

This article offers information regarding the context of Italian food culture and how food is consumed in Italy. This is a good supplemental resource.

Legenbauer, T., Rühl, I., & Vocks, S. (2008). Influence of Appearance-Related TV Commercials on Body Image State. *Behavior Modification*, *32*(3), 352–371. https://doi.org/10.1177/0145445507309027

A study mentioned by Reel (2018) that studied the effects of viewing a television segment on body image dissatisfaction. This reported that females who watched a television show or read a magazine were more likely to have a negative body image after doing so.

Lilenfeld, L., Stein, D., Bulik, C., Strober, M., Plotnicov, K., Pollice, C., . . . Kaye, W. (2000). Personality traits among currently eating disordered, recovered and never ill first-degree female relatives of bulimic and control women. Psychological Medicine, 30(6), 1399-1410. doi:10.1017/S0033291799002792

This was referenced in Bulik et al.'s 2003 study as part of why they conducted their own study. This study examined personality traits among currently disordered eating

women, those who have recovered, and their first degree female relatives. One of the most important findings suggests that bulimic and high control women are predisposed due to elements of perfectionism that are transmitted independently of any eating disorder.

Malcolm, B. (2018). Body dysmorphia [Blog post]. Retrieved from https://www.bridgetmalcolm.com.au/blog/2018/3/26/body-dysmorphia

This is a primary text detailing a personal experience regarding unhealthy habits used to achieve the thin ideal. The post is written by a former Victoria's Secret model and offers first-hand evidence of disordered eating in the fashion industry.

Mayo Clinic Staff. (n.d.). Anorexia nervosa. Retrieved December 6, 2019, from Mayo Clinic website: https://www.mayoclinic.org/diseases-conditions/anorexia-nervosa/symptoms-causes/syc-20353591

The Mayo Clinic is a well respected and established non-profit organization academic medical center. They offer a good basic understanding and definition of anorexia nervosa.

Mayo Clinic Staff. (n.d.). Binge-eating disorder. Retrieved December 7, 2019, from Mayo Clinic website: https://www.mayoclinic.org/diseases-conditions/binge-eating-disorder/symptoms-causes/syc-20353627

The Mayo Clinic is a well respected and established non-profit organization academic medical center. They offer a good basic understanding and definition of binge-eating disorder.

Mayo Clinic Staff. (n.d.). Bulimia nervosa. Retrieved December 7, 2019, from Mayo Clinic website: https://www.mayoclinic.org/diseases-conditions/bulimia/symptoms-causes/syc-20353615

The Mayo Clinic is a well respected and established non-profit organization academic medical center. They offer a good basic understanding and definition of bulimia nervosa.

Mayo Clinic Staff. (n.d.). Eating disorders. Retrieved April 20, 2020, from https://www.mayoclinic.org/diseases-conditions/eating-disorders/symptoms-causes/syc-20353603

This article was helpful in creating a general definition for what an eating disorder is; which sets up the conversation for the diagnostic criteria well.

Merriam-Webster Dictionary. (n.d.). Sociocultural. In *Merriam-Webster*. Retrieved December 10, 2019, from https://www.merriam-webster.com/dictionary/sociocultural

The Merriam-Webster Dictionary is a well-respected reference source that gives us a reliable definition.

Miotto, P., De Coppi, M., Frezza, M., & Preti, A. (2003). The spectrum of eating disorders: prevalence in an area of Northeast Italy. *Psychiatry Research*, *119*(1-2), 145-154. https://doi.org/10.1016/S0165-1781(03)00128-8

This study gives us more context and background on the prevalence rates of eating disorders in Northern Italy. This study was conducted using self-reported answers to questionnaires distributed by the researchers. The researchers then computed several demographic criteria from the self-reported data to give deeper context to the population sampled. This was a good resource for understanding prevalence rates of eating disorders in Northern Italy.

Munizza, C., Argentero, P., Coppo, A., Tibaldi, G., Di Giannantonio, M., Picci, R. L., & Rucci, P. (2013). Public beliefs and attitudes towards depression in Italy: A national survey. *PLoS One*, *8*(5). https://doi.org/10.1371/journal.pone.0063806

This article offers good supplementary context regarding public attitudes and beliefs towards depression in Italy. It provides information regarding stigma, causal beliefs, awareness of depression, treatment preferences, and more. This helps provide more context to general mental health awareness in Italy.

Napolitano, F., Bencivenga, F., Pompili, E., & Angelillo, I. F. (2019). Assessment of Knowledge, Attitudes, and Behaviors toward Eating Disorders among Adolescents in Italy. *International Journal of Environmental Research and Public Health*, *16*(8). https://doi.org/10.3390/ijerph16081448

This journal article summarizes the findings of a survey conducted through a self-administered questionnaire in Italian public schools.The survey was conducted between May and June 2017 and included a random sample of 420 adolescents between 14 and 20 years old. According to this study, less adolescents in Italy knew the definitions of anorexia and bulimia nervosa relative to adolescents in the United States. The authors of this article work with the Department of Experimental Medicine at the University of Campania "Luigi Vanvitelli" in Naples, Italy.

Overholtzer, G. M., M.A. (2017). *Socio-cultural influences on body image and risk of eating disorders among Filipino vs American women* (Doctoral dissertation, Alliant International University, San Diego, CA). Retrieved from https://search.proquest.com/docview/1875515318?accountid=7118&pq-origsite=summon

This dissertation provided an interesting roadmap for a cross-cultural examination of how a non-American culture could affect body image problems and eventually eating disorders, compared to how American culture might affect those same things. This dissertation is a great resource because it provides me with ideas about how to examine this broad topic through specific lenses.

Parry-Jones, B. (1992). A bulimic ruminator? The case of Dr. Samuel Johnson. *Psychological Medicine, 22,* 851–862.

This was referenced in Keel and Klump's (2003) review of cross-historical and cross-cultural comparisons of anorexia nervosa and bulimia nervosa. It offers

information regarding the historical case of Samuel Johnson, who is believed to have been bulimic.

Paulicelli, E. (2015). Italian fashion: Yesterday, today and tomorrow. *Journal of Modern Italian Studies*, *20*(1), 1-9. https://doi.org/10.1080/1354571X.2014.973150

This is a good supplemental source which offers history and context about fashion in Italy. It expands upon the importance and significance of fashion in Italian culture and how it remains an important facet of society even today.

Perez, Marisol, Ohrt, Tara & Hoek, Hans. (2016). Prevalence and treatment of eating disorders among Hispanics/Latino Americans in the United States. Current Opinion in Psychiatry, 29, 378-382. https://doi.org/10.1097/YCO.0000000000000277

This study helps clarify the prevalence rates of eating disorders among the Hispanic/Latino American population in the United States. It outlines prevalence rates as well as socio-cultural factors that might influence eating disorder development within this group.

Reel, J. J. (2018). *Eating disorders: Understanding causes, controversies, and treatment*.

Justine J. Reel offers a well-rounded and inclusive encyclopedia-esque account of eating disorders, controversies regarding eating disorders, and eating disorder causes. This text is far-reaching and offers a lot of insight into many different aspects regarding eating disorders. It is a good reference source.

Rodgers, R. F., & Chabrol, H. (2009). L'impact de l'exposition à des images de minceur idéalisée sur l'insatisfaction corporelle chez des jeunes femmes françaises et italiennes [The impact of exposure to images of ideally-thin models on body dissatisfaction in young French and Italian women]. *L'Encéphale*, *35*(3), 262-268. https://doi.org/10.1016/j.encep.2008.05.003

This study was conducted to determine the effect of exposure to ideally-thin models on body dissatisfaction of young women in France and Italy. This is a useful study because it gives us more context regarding whether or not Italian women experience similar reactions regarding exposure to ideally-thin models and how that exposure affects their own levels of body dissatisfaction.

Rosenvinge, J. H., & Vandereycken, W. (1994). Early descriptions of eating disorders in the Norwegian medical literature. *Acta Paedopsychi- atrica, 56,* 279–281.

This was referenced in Keel and Klump's (2003) review of cross-historical and cross-cultural comparisons of anorexia nervosa and bulimia nervosa. It offers details from the nineteenth century, which helps understand the historical context of these eating disorders.

Rozin, P., Kabnick, K., Pete, E., Fischler, C., & Shields, C. (2003). The ecology of eating: Smaller portion sizes in France than in the United States help explain the French paradox. *Psychological Science*, *14*(5), 450-454. Retrieved from

https://cpb-us-w2.wpmucdn.com/web.sas.upenn.edu/dist/7/206/files/2016/09/ecologyofeating214PS03pap-10x9f1j.pdf

This article offers additional information as to how the ecology of the eating environment might serve as a protective barrier against eating disorders. This is a good supplemental resource.

Santonastaso, P., Zanetti, T., Sala, A., Favaretto, G., Vidotto, G., & Favaro, A. (1996). Prevalence of eating disorders in Italy: a survey on a sample of 16-year-old female students. Retrieved from the US National Library of Medicine National Institutes of Health database.

This is one of the older sources that attempts to collect data on eating disorder prevalence in Italy. The authors are Italian experts from the Istituto di Clinica Psichiatrica (Institute of Clinical Psychiatry) and the Dipartimento di Psicologia Generale (Department of General Psychology) at the University of Padua. .

Sassaroli, S., Veronese, G., Nevonen, L., Fiore, F., Centorame, F., Favaretto, E., & Ruggiero, G. M. (2015). Autonomy and submissiveness as cognitive and cultural factors influencing eating disorders in Italy and Sweden: An exploratory study. *Europe's Journal of Psychology*, *11*(2). https://doi.org/10.5964/ejop.v11i2.902

This article gives enlightening ideas about what sociocultural factors might influence eating disorder development in Italy. It is useful because it also offers a scientific

study comparing the different aspects of Italian culture and another Western culture (Sweden).

Sbraccia, P. (2015). Obesity in Italy. Retrieved April 21, 2020, from https://easo.org/members/obesity-in-italy/

This article provides raw data in terms of obesity rates for Italy.

Shulman, M. (2018, January 2). *Perfectionism among young people significantly increased since the 1980s, study finds* [Press release]. Retrieved from https://www.apa.org/news/press/releases/2018/01/perfectionism-young-people

This was a great article from the American Psychological Association that reported the findings of a journal article. The article cites the rise in perfectionism among younger generations; a rise that has been growing since the 1980s. This was helpful in establishing context and possible causes for why Americans exhibit perfectionism.

Syed-Abdul, Shabbir, Luis Fernandez-Luque, Wen-Shan Jian, Yu-Chuan Li, Steven Crain, Min-Huei Hsu, Yao-Chin Wang, Dojsuren Khandregzen, Enkhzaya Chuluunbaatar, Phung Anh Nguyen, and Der-Ming Loiu. "Misleading Health-Related Information Pro-moted through Video-Based Social Media: Anorexia on YouTube." Journal of Medical Internet Research 15, no. 2 (2013): e30. https://doi.org/10.2196/jmir.2237

A study mentioned by Reel (2018) that discusses the prevalence of pro-anorexia video content on the media platform known as "YouTube."

Tiggemann, M., Verri, A., & Scaravaggi, S. (2005). Body dissatisfaction, disordered eating, fashion magazines, and clothes: A cross-cultural comparison between Australian and Italian young women. *International Journal of Psychology*, *40*(5), 293-302. https://doi.org/10.1080/00207590444000311

This study is particularly relevant because it offers data of a cross-cultural comparison between Italian young women and a group of young women from another Western country. This research pertains to body dissatisfaction, disordered eating, and how those variables relate to consumption of fashion magazines and clothes. This research is important because it allows us to understand a little better how reading fashion magazines or the importance of clothes might affect body dissatisfaction or disordered eating in a group of young Italian and Australian women.

Turnbull, S., Ward, A., Treasure, J., Jick, H., & Derby, L. (1996). The demand for eating disorder care: An epidemiological study using the general practice research database. *British Journal of Psychiatry, 169,* 705–712.

A study mentioned by Keel & Klump (2003) that accounts for a rise in rate of bulimia nervosa cases over the course of time, while the rise of anorexia nervosa cases did not rise.

Van den Berg, Patricia, Susan J. Paxton, Helene Keery, Melanie Wall, Jia Guo, and Dianne Neumark-Sztainer. “Body Dissatisfaction and Body Comparison with Media

Images in Males and Females." Body Image 4 (2007): 257–268. https://doi.org/10.1016/j .bodyim. 2007.04.003.

A study mentioned by Reel (2018) that discusses the effects of media image consumption on males and females. The results of this study indicated that viewing and attempting to look like same-sex models was more of a risk factor for females than it was for males.

Weissman, R. S. (2018). The role of sociocultural factors in the etiology of eating disorders. *Psychiatric Clinics of North America*, *42*(1), 121-144. Retrieved from https://te7fv6dm8k.search.serialssolutions.com/?ctx_ver=Z39.88-2004&ctx_enc=info%3Aofi%2Fenc%3AUTF-8&rfr_id=info%3Asid%2Fsummon.serialssolutions.com&rft_val_fmt=info%3Aofi%2Ffmt%3Akev%3Amtx%3Ajournal&rft.genre=article&rft.atitle=The+Role+of+Sociocultural+Factors+in+the+Etiology+of+Eating+Disorders&rft.jtitle=Psychiatric+Clinics+of+North+America&rft.au=Weissman%2C+Ruth+Striegel%2C+PhD&rft.date=2018&rft.issn=0193-953X&rft.eissn=1558-3147&rft.volume=42&rft.issue=1&rft.spage=121&rft.epage=144&rft_id=info:doi/10.1016%2Fj.psc.2018.10.009&rft.externalDocID=1_s2_0_S0193953X18311560

This article gives a good understanding of how we should view the role of sociocultural factors in the context of the etiology of eating disorders. The author establishes the context of what the role of sociocultural factors has historically looked like and whether or not we should consider disorder-specific risk factors.

Biography

Aine McGinn was born on April 7th, 1998 in Nashville, TN. She has an older brother, Tommy, and a younger sister, Eile. Most of her childhood was based in Nashville, except for three years during which her family lived in Rome, Italy. This stint in Rome inspired Aine's interest in Italian culture and food. She began her studies at the University of Texas at Austin in August 2016 and will graduate with a degree in Plan II Honors and a minor in Journalism in May 2020.

Aine was a four year varsity athlete on the NCAA D1 Rowing team at the University of Texas at Austin. She is a three-time Big XII Champion and during her years on the team, they placed 4th, 3rd, and 2nd at the NCAA Championships in consecutive years--improving each year upon the last! Unfortunately, her senior season was cancelled due to the Covid-19 global pandemic. She wishes that she had the opportunity to win an NCAA Championship with her team and will miss them dearly. Hook 'em!

After graduating, Aine will be joining Teach For America and will teach middle school humanities in Massachusetts.